FORM D

SE6 Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

AUG 152008
Washington, DC

101

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1443573

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
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hours per response.....16.00

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08058344
Telephone Number (Including Area Code)
13-373-1486
Telephone Number (Including Area Code)

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THOMSON REUTER
Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.
A notice is deemed filed with the U.S. Securities w or, if received at that address after the date on
9. ·
igned. Any copies not manually signed must be
the name of the issuer and offering, any changes in Parts A and B. Part E and the Appendix need
es of securities in those states that have adopted curities Administrator in each state where sales the exemption, a fee in the proper amount shall the Appendix to the notice constitutes a part of
representation are notice constitutes a part of
B C C S A S C C C C C C C C C C C C C C C

filing of a federal notice.

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	equested for the fo	llowing:			
Each promoter of to	the issuer, if the is:	sucr has been organized v	within the past five years;	,	
 Each beneficial ow 	ner having the pow	ver to vote or dispose, or d	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
Each executive off	icer and director o	of corporate issuers and of	f corporate general and mai	aging partners of p	partnership issuers; and
Each general and r	nanaging partner o	of partnership issuers.		,	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i Brent, Richard	if individual)			· · · · · · · · · · · · · · · · · · ·	······································
Business or Residence Addre 10 darbytown Court, Bal			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip (Code)	<u>-</u>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		-		
Business or Residence Addre	ess (Number and	Street, City, State, Zip (Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	·			
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	Code)	<u> </u>	
	(Use bla	ank sheet, or copy and us	e additional copies of this	sheet, as necessary)	,

					В. П	FORMATI	ON ABOU	T OFFERE	νG			•	
•	II na sha					11			AL: - OF:			Yes	No
1.	mas the	issuer solo	i, or does in			ll, to non-a				-	•••••		
2.	What is	the minim	um invector			Appendix, pted from a		_				24,	285.00
۷.	Wilat 15	are minim	ani macsan	iciti tilat w	ili de acce	picu irom a	uly mulviu	uai:			***************************************	Yes	No
3.	Does the	c offering	permit joint	ownership	of a sing	le unit?							K
4.		nter the information requested for each person who has been or will be paid or given, directly or indirectly,									• •		
	If a pers	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state											
						ore than five				ciated pers	ons of such		
Full			first, if indi						<u>.</u>				
n/a	•			,									
	iness or	Residence	Address (N	umber and	Street, C	ity, State, Z	ip Code)						
n/a	nu of Acc	oniated De	oker or De	alas .			·						
n/a		SOCIALEG ISI	OKET OF IZE	aiti									
Stat	les in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		•	•			
	(Check	"All States	s" or check	individual	States)	••••••			•	••••••		□ AI	l States
	AL	[AK]	AZ	AR	CA	[CO]	(TO)	[DÉ]	DC	FL	GA	HI	ĪD
	IL	[IN]	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	N CONTRACTOR	NM	NA	NC	ND	OH	<u>OK</u>	OR	RA
	RI	SC.	SD	TN	[TX]	[UT]	VI	VA	WA]	WV	WI	WY	PR
Ful	l Name (Last name	first, if indi	ividual)				•••		4.		,	
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	 -			,		
Nar	nc of As	sociated Bi	oker or De	aler .		· · · · · · · · · · · · · · · · · · ·		<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)				·····	••••••		☐ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	[DC]	FL	GA	III	ID.
	IL MT	IN	IA NV	KS	KY NTI	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Ent	1 Name (first, if ind										
rui	i Naine (Last Haine	mst, n ma	ividuat),	•			4.					
Bus	iness or	Residence	: Address (1	Vumber an	d Street, C	City, State,	Zip Code)		•				· · · · · · · · · · · · · · · · · · ·
Nar	ne of As	sociated Bi	roker or De	aler									
Stat	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	*****************			•••••		***************************************	☐ Al	l States
	AL	ĀK	AZ	AR	CA	CO	(CT)	DE	DC	FL	GA	[HI]	ID
	11.	IN	IA	KS	KY	I.A	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC	NV SD	NII TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OII WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) . .

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che this box and indicate in the columns below the amounts of the securities offered for exchange a already exchanged.	ck	Amount Aiready
	Type of Security	Offering Price	
	Debt	\$ 0.00	2 0.00
	Equity	s 0.00	\$_0.00
	Convertible Securities (including warrants)	§ 849,975.00	0.00
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total	\$ 849,975.00) _{\$} 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in toffering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indic the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ate eir ,	Aggregate
	•	Number Investors	Dollar Amount of Purchases
	Accredited Investors	0	\$ 0.00
	Non-accredited Investors	0	\$ 0.00
	Total (for filings under Rule 504 only)	•	
	Answer also in Appendix, Column 4, if filing under ULOE.	•	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securit sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	the 1	
	Type of Offering	Type ofSecurity	Dollar Amount Sold
	Rule 505		\$_0.00
	Regulation A		
	Rule 504		
	Total		
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insurant information may be given as subject to future contingencies. If the amount of an expenditurnot known, furnish an estimate and check the box to the left of the estimate.	rer.	
	Transfer Agent's Fees	**********	s_0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		\$ 0.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 90,000.00
	Other Expenses (identify)		\$ 0.00
	Total	•	\$ 90,000.00

	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	— Question 4.a. This difference is the	adjusted gross	759,975.00 \$
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount fo check the box to the left of the estimate. The tot proceeds to the issuer set forth in response to	r any purpose is not known, furnish a al of the payments listed must equal th	an estimate and	
			Payments to Officers, Directors, & Affiliates	Others
	Salaries and fees			
	Purchase of real estate			_ 🗆 \$
	Purchase, rental or leasing and installation of and equipment	machinery	· :	□ \$
	Construction or leasing of plant buildings and		_ - -	_
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another	s	s
	Repayment of indebtedness			
	Working capital			
	Other (specify):			
				_ 🗆 \$
	Column Totals			
	Total Payments Listed (column totals added)			
Г		D. FEDERAL SIGNATURE		·
sig	rissuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to information furnished by the issuer to any non	o furnish to the U.S. Securities and Ex	change Commission, upon writ	Rule 505, the following ten request of its staff
	uer (Print or Type)	Signature	Date	12008
	iPwr USA Ltd	0//	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1201
	ne of Signer (Print or Type) Lichand SUENT	Title of Signe ((Print or Type)	/	
				.,

- ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			
1.		230.262 presently subject to any of the disqualification		Yes	No
		See Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby un D (17 CFR 239.500) at such time	dertakes to furnish to any state administrator of any state es as required by state law.	in which this notice is t	filed a no	otice on Form
3.	The undersigned issuer hereby usissuer to offerees.	ndertakes to furnish to the state administrators, upon w	ritten request, informa	tion furr	nished by the
4.	limited Offering Exemption (UL	s that the issuer is familiar with the conditions that mo OE) of the state in which this notice is filed and underst of establishing that these conditions have been satisfie	ands that the issuer cla		
	uer has read this notification and kno athorized person.	ows the contents to be true and has duly caused this notice	e to be signed on its beha	alf by the	undersigned
lssuer (Print or Type)	Signature	Date		
FriiPwr	USA Ltd		8/9/2	WP	
Name (Print or Type)	Title (Print or Type)		·	

Instruction:

Rahard Brost

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 5 ١ Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Investors Investors Yes State Yes No Amount **Amount** No ΑL ΑK ΑZ AR CACO CTDE DC FL. GΑ H ID 11, IN lΑ KSΚY LA ME MD MA ΜI MN MS

APPENDIX

1	2 3					4		5 Disqual	ification		
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
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МТ											
NE								***************************************			
NV											
NH											
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I	2 3 4							5 Disqualification		
	to non-a	to sell accredited is in State 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	Finvestor and rchased in State C-Item 2)		under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR	<u></u>									